



THE ARC OF NM MASTER TRUST REQUEST

SUBMIT YOUR REQUEST: Fax: 505-883-5564 Email: arcstrust@arcnm.org Mail: Trusts – The Arc of NM 3655 Carlisle NE • Albuquerque, NM 87110-1644

TRAVEL REQUEST

MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO TRAVEL DATE

If this form is not filled out completely or is not legible, it may cause a delay in processing.

Trust Beneficiary's Name: \_\_\_\_\_ Date \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

TRAVEL EXPENSES MAY BE PAID BY A SPECIAL NEEDS TRUST WHEN THE TRAVEL FALLS WITHIN SOCIAL SECURITY GUIDELINES: The trust can pay for travel expenses of the beneficiary

- The trust may be able to pay for someone to accompany the beneficiary for medical reasons
In all other situations, other persons must pay for their own travel expenses
If you have questions, please call The Arc Trust 505-883-4630 or e-mail: arcstrust@arcnm.org

Dates & Destination of Travel: Where are you going/Destination (City/State): \_\_\_\_\_

Departure Date: Day of week \_\_\_\_\_; Month/Day/Year \_\_\_\_\_

Return Date: Day of week \_\_\_\_\_; Month/Day/Year \_\_\_\_\_

In State Travel Out of State Travel: Traveling by auto plane

If you need a car rental, this must be done by the person driving (they will need a credit card, auto insurance and a valid driver's license), we will reimburse the credit card charged with an invoice from rental agency.

International Travel (including Cruises) Requires Valid Passport -- include a copy with request

Travel Arrangements & Costs: Funds will be added to your TruLink Card for you to make travel arrangements

Airline name \_\_\_\_\_; will you need ground transportation? Yes No

Train; Bus Estimated cost: \$ \_\_\_\_\_

Hotel: Number of nights \_\_\_\_\_ Check in date \_\_\_\_\_ Check out date \_\_\_\_\_

Name of Hotel \_\_\_\_\_ Is breakfast included with room Yes No

Estimated Hotel Cost \$ \_\_\_\_\_

TruLink Card expenses: (such as gas, cost is calculated using Travel Math site): \$ \_\_\_\_\_

Meals are generally \$75 per day (\$20 breakfast, \$22 lunch; \$33 dinner): \_\_\_\_\_

Other costs for entertainment, spending funds \$ \_\_\_\_\_

Estimated Other Cost \$ \_\_\_\_\_

Your estimated cost for this trip: \$ \_\_\_\_\_

Name(s) of any traveling companions: \_\_\_\_\_

Signature of Beneficiary, Guardian, POA \_\_\_\_\_

Questions? Please contact us via email arcstrust@arcnm.org or call 1-505-883-4630 or 1-800-358-6493 toll free

YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD FROM OUR WEBSITE:

http://www.arcnm.org/trustfund